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SOCIETAL PERCEPTION OF ILLNESS AND RELATIONSHIP WITH ILL PERSONS

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Abstract

The paper analyses societal perception of some major illnesses such as leprosy, cancer, tuberculosis and HIV/AIDS and the influence of the perception on people's relationship with victims of such illnesses. The study is important because it may contribute to correction of the perception thereby making people relate well with ill persons. The research finding shows that people's perception of an illness is influenced by benign beliefs and speculations. The perception stigmatizes certain illnesses as evil. The finding further shows that people's perception of the illnesses and resultant relationships with the ill is wrong and must be changed.

Keywords: Perception, Relationship, Illness, Retribution

Introduction

Analysis of societal perception of major illnesses such as leprosy, cancer, tuberculosis and HIV/AIDS shows that the perception affects the way people relate with victims of the illnesses. Modern society is full of many people who suffer from these illnesses. One wonders why with remarkable advancement in medicine we still experience increase in the illnesses. In many cases victims are neglected and even ostracized because of the social stigma associated with the illnesses. This raises the basic questions: In which way do people in society perceive illnesses? In which way does a perception of an illness influence people's relationship with the victims of the illness?

In his study, Morris identifies the universal character of illness (Morris, 1998:1-2). In other words, illness cuts across all cultures and it is that which defines the human being. It is therefore, arguable that the human being appears to live in one but two different worlds – the worlds of illness and wellbeing (see also Sontag, 1997:5). The world of the ill is full of pain

and suffering. This situation is exacerbated by the social stigma attached to certain illnesses, which adversely affects ill persons. According to Susan Sontag, the stigma and metaphor surrounding major illnesses like cancer and tuberculosis has been created by religious speculations that connect sin with suffering. Paul Ricoeur (1967) corroborated that the metaphors and retributive notion of illness are cultural creation and interpretations. Like Susan Sontag, he advocated for the deconstruction of speculations. The paper therefore investigates how society perceives the major illnesses and how the perception influences people's relationship with ill persons.

Methodology

Since illness affects people and it entails subjective experiences, the approach of the research was qualitative. The approach encouraged close interactions with informants/respondents and their settings (Gedzi, 2012b). This means the primary data came via individual and group interviews and observation. Secondly, literature about any age reflects specific practices and thought system of the era. Consequently, the primary data have been largely supplemented by relevant textual materials on the subject matter.

Results/Discussion

Research on tuberculosis (TB) and cancer, two major illnesses has shown that the illnesses are spectacularly characterized by stigma and the trapping of metaphor. Stigma is the consideration people give to someone as morally degenerate and undesirable out of prejudice and discrimination (KEEBA Africa, 2013) while the metaphor is the shaping that culture gives an illness. When the cause of an illness is not known, humans turn to myth to explain it. For example, in the 19th and 20th centuries, people, including medical doctors did not know the cause of TB and cancer and therefore, could not find any cure for them. As a result, the illnesses were seen as intractable and capricious (Sontag, 1978).

In many communities in Ghana, cancer, leprosy, madness and HIV/AIDS are seen as death sentence passed on their victims. Even those who have been completely cured from insanity and leprosy are never fully accepted back into society. The illnesses have the trappings of metaphor and disgrace to the victim and his extended family. Even generations after, people will always make reference to it. The worst of it all is that people would not like to marry in a family with such pathological record[8]. This is because such illnesses are seen as 'obscene', 'ill-omened, abominable, and repugnant to the senses'. This explains the reason that while cardiac, hypertension, diabetic illnesses do not attract stigma, cancer, leprosy, madness and AIDS do. In fact, 'the metaphors attached to them imply living processes of a

[8] Individual and group interviews, 22 March 2013

particular resonant and horrid kind' (Sontag, 1978:8). Thus any illness whose cause is not known, is presumed deadly and, therefore, feared to be morally, if not literally, contagious. This explains why a large number of people with cancer find themselves being shunned by relatives and friends and are the object of practices of 'decontamination' by members of their household, as if cancer were infectious. Cancer, TB, leprosy and HIV/AIDS are considered as dread and so people do not want contact with the victims. The mere mention of the name of such illnesses sends waves of fear into people's veins. The crux of the matter is that the names of deadly illnesses are not only pejorative, they are also 'damning'. They give psychological affliction to the victims. Sontag feels as long as a particular illness is interpreted by society as evil, victims will be demoralized by learning of what kind of illness they are suffering from. The solution, for Sontag, is not a matter of keeping patients in unanimity of the public but rather the societal perception of illnesses must be rectified so as to 'de-mythicize' them.

The conventions of concealing cases of cancer are even 'more strenuous'. In France and Italy, for instance, doctors communicate a cancer diagnosis to the patient's family instead of telling the victim himself or herself. This is because doctors think the naked truth may be intolerable to the patient. In America, because of the doctor's fear of malpractice suits, there is now much frankness with patients. Even here, it is seen that the country's largest cancer hospital mails routine communications and bills to outpatients in concealed envelopes so that their family members might not know of the illness. The fact is that getting cancer, leprosy, insanity or AIDS is a scandal that can jeopardize not only one's love life, but also one's chances of promotion, and job. Thus patients, who know what kind of illness they have, tend to be secretive about it. This situation mirrors how hard it is for human beings, even those in the advanced scientific, industrial societies to come into terms with the mystery of pain and suffering, and the resultant death. Death, for many is meaningless. No one wants to die. This is why even though people with debilitating illnesses know that they will soon die they prefer not to be reminded of its imminence. Thus modern denial of death does not explain the extent of the lying and the wish by patients to be lied to.

It is significant to note from the above analysis that the way people in society perceive a particular illness conditions the way they relate to the ill. In many cases the perception is negative. This is why most people in society are less sympathetic to the ill. Contemporary studies in descriptive theology and collateral disciplines tell us that human beings are never neutral. Many things, including culture and the environments always color human perceptions. This is why it has, for example, been contended by many scholars such as

Sontag that the unsympathetic attitude of people in society towards the ill has in many ways been influenced by benign speculations dating from the ancient world. The speculations make illness most often an instrument of divine wrath. Judgment is meted out either to a community or an individual. Thus an illness could be "gratuitous" or one that is deserved for personal fault, a collective transgression, or a crime of one's ancestors Sontag, 1978:39).

In *The Symbolism of Evil*, Ricoeur (1967) makes argument similar to Sontag's contention that people interpret an illness as a punishment for those who breach an imagined divine code of law. He insists that humans create and divinize their own laws. Infringement on any of such laws is interpreted as a breach of an objective ethical code even in cases where this is not called for. For example, certain actions are ethically neutral. These actions become evil only in 'a system of reference other than that of infectious contact, in connection with the confession of divine holiness.' Ricoeur maintains that the feeling that we are defiled by a particular sin; and the 'dread' of 'defilement' with its concomitant punishment is a cultural creation; and it is only presupposed that any punishment in the form of an illness is a 'vengeance for expiation'. This is why illness, according to this line of thinking, is seen as a ritual of purification, which brings the sufferer back to the state of purity. Without it the sinner remains in the state of impurity. Thus in this kind of conception no distinction is made between evil and misfortune. Both are lumped together. This is why misfortunes like illness, death, failure and others, are seen as punishments for a wrong done.

This bond between defilement and suffering, experienced in fear and trembling, has been all the more tenacious because for a long time it furnished a scheme of rationalization, a first sketch of causality. If you suffer, if you are ill, if you fail, if you die, it is because you have sinned. The symptomatic and detective value of suffering with regard to defilement is reflected in the explanatory, etiological value of moral evil. Moreover, piety, and not only reason, will cling desperately to this explanation of suffering. If it is true that man suffers because he is impure, then God is innocent. Thus the worlds of ethical terror holds in reserve one of the most tenacious 'rationalization' of suffering (Ricoeur, 1967:31-32).

This view paints a wrong and a negative picture of God – the 'God' who is conceived to be only interested in human suffering and destruction. Consistent with the analysis, one does not get defiled only by infringing upon a divine sanction. One can also get defiled when one has a physical contact with people who are already in the state of impurity. This seems to explain why religions such as Judaism have made provisions of ritual ablution to remove defilement that has been sustained through body contact. So it is seen that defilement comes about more through happenings than through the intentions of the human agents. We can

gather two inferences from the analysis on this causal connection between sin and suffering. In the first place, most people in society feel less sympathetic to ill persons because they think the latter are deservingly paying for sins they have committed in the past. Secondly, the idea that one can get defiled through bodily contact imperceptibly and surreptitiously works on most people's psychology and so they will not go near the ill. Interestingly, the feeling of being defiled and the need for purification in terms of punishment is not only a projection from society on the ill. In fact, in many cases ill persons themselves also attribute their illness to some sin they might have committed in the past. Perhaps, it could be said that the prohibition against sexual defilement is more intensive compared with despicable acts like theft, lying and others. The defilement of sexuality is a belief that is pre-ethical in character but which human beings have made ethical. With the advent of Christianity, which imposed more moralized notions of illness, a closer connection between illness and victim's moral life gradually evolved. Thus the idea of illness as punishment yielded the idea that an illness could be a particularly appropriate and just punishment. Moreover, the romanticist idea that illness expresses the character is invariably extended to assert that the character causes the illness (Sontag, 1978). Such 'myths' suggests that one is always responsible for one's illness. This blaming attitude of people in society does not help the ill person. It only aggravates the illness.

Like people who suffer from illnesses such as TB, leprosy, insanity and cancer, HIV/AIDS patients at the present time seem to suffer most because of the social stigma and the fact that the illness is connected to the patients' sinful past. This is to say that often HIV/AIDS patients are regarded as people who have contracted the illness through loose lifestyles. Consequently, most people in society refuse to sympathize with them. Socially, people do not want to mix or interact with the patients because they fear that they may be infected. Due to this, these sufferers in some ways are secluded. In other words, they are either restricted or dismissed from their employment, schools and in some cases, removed from living in community with others. They are even banned from using the same equipment and facilities (Nicolson, 1996). Within the family the stigmatization is worse. This is because family members do not want to eat in the same plate or drink from the same cup, let alone sleep in the same room or the same bed with HIV/AIDS patients (even in the case of a husband and a wife). In some places it is seen that even after death patients' clothes and other effects are burnt or thrown away. Many patients become depressed as a result of the treatment.

One expects a different attitude from the Christian church towards sufferers of HIV/AIDS but some of its ministers and churches mostly in the third world seem to share in the same stigmatization by the larger society. Nicolson indicated how some church officials are explicit in their insistence that HIV/AIDS is a well-deserved punishment for sinful behavior and as a result their churches seems to find it difficult in showing compassion to the victims. Thus it is as if the churches, in this case, feel obliged to preach ethical issues first and then after warnings and judgments, and by way of an epilogue try to give comfort. However, this behavior looks artificial and meaningless to the suffering people. Consequently, sufferers feel unwanted in such churches (Nicolson, 1996). Furthermore, studies on stigma in Africa and other parts of the world have shown that the health care setting is identified as the most frequently cited context of stigmatization of HIV/AIDS patients. It is discovered that many health workers and related service providers express negative attitudes towards people living with this illness and prefer not to touch let alone treat them. This is qualified in most instances, however, by the acknowledgement that doctors never have to touch them. They simply look at their charts and pass the responsibility to the nurses. This could explain, in part, the experience of greater association of stigma with nurses rather than doctors.

As indicated, the theory of retribution and metaphors around the illnesses are cultural constructs. People in contemporary society must deconstruct or de-mythicize them. It is for this concern that In *Oneself as Another* Paul Ricoeur (1992) suggests that people need to care for one another. If we can put ourselves in the suffering situation of other people then we will be able to understand their plight and therefore show our concern to them. But to do this we need to transcend ourselves. That is to say that if we see others as ourselves, then we can be concerned about them. The suffering of others will then become our own suffering and the happiness of others will become important to us if we are to enjoy our own happiness. This will mean that if we promote the well being of others we will end up promoting our own well-being. Thus, to see another as oneself will make us act in altruism; and relate indiscriminately and unprejudicially with the ill and sufferers in general, and do all we can so as to alleviate their plight.

Conclusion

The paper analyzed societal perception of illnesses such as cancer, TB, leprosy and HIV/AIDS. It discovered that the societal perception is influenced by benign beliefs or speculations. It is significant to note that the way people in society perceive a particular illness conditions the way they relate to the ill. In many cases the perception is negative. This

is why most people in society are less sympathetic to the ill. One sees that the issue at stake is ethical because people's relationship with the ill is to a great extent determined by the way society itself perceives illness and this, whether right or wrong. The ill person in his or her situation is left at the mercy of what people in society do to him or her. It is true that sometimes people in society may treat the ill according to his or her previous lifestyle but the question remains if that judgmental attitude of relationship is correct. Thus, there is need to rectify the societal perception so as to de-mythicize the illnesses. This will help people in society not only to sympathize but also empathize with victims of the illnesses; and do all they can to alleviate their pain and suffering.

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